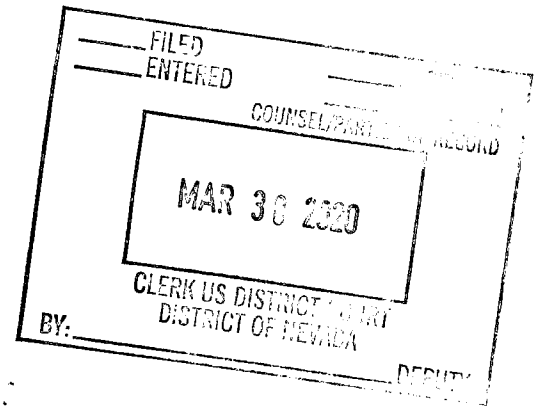


Lee Reed #1105428
 Name
High Desert State Prison
P.O. Box 650
Indian Springs, N.V. 89070
 Prison Number



UNITED STATES DISTRICT COURT
 DISTRICT OF NEVADA

Lee Reed #1105428,)
 Plaintiff,)
 vs.)
The State of Nevada ex Rel. The N.D.O.C.)
Director James Dzurenda,)
Warden Brian Williams,)
A.W. Jeremy Bear,)
A.W. Jennifer Nash,)
H.O.S.P. Medical Provider Defendant(s).)

2:20-cv-00623-RFB-DJA

CIVIL RIGHTS COMPLAINT
 PURSUANT TO
 42 U.S.C. § 1983

A. JURISDICTION

- 1) This complaint alleges that the civil rights of Plaintiff, Lee Reed #1105428,
 (Print Plaintiff's name)
 who presently resides at P.O. Box 650 Indian Springs, N.V. 89070 were
 violated by the actions of the below named individuals which were directed against
 Plaintiff at High Desert State Prison on the following dates
 (institution/city where violation occurred)
2017-2020, _____, and _____
 (Count I) (Count II) (Count III)

Make a copy of this page to provide the below
information if you are naming more than five (5) defendants

2) Defendant James Dzurenda resides at 5600 Snyder Ave, Carson City N.V.
(full name of first defendant) (address if first defendant)
and is employed as N.D.O.C. Director. This defendant is sued in his/her
(defendant's position and title, if any)
☒ individual ☒ official capacity. (Check one or both). Explain how this defendant was
acting

under color of law: Nevada Department of Corrections

3) Defendant Brian Williams resides at 22010 Cold Creek Rd, Indian Springs N.V. 89070
(full name of first defendant) (address if first defendant)
and is employed as H.D.S.P. Warden. This defendant is sued in his/her
(defendant's position and title, if any)
☒ individual ☒ official capacity. (Check one or both). Explain how this defendant was
acting

under color of law: Nevada Department of Corrections

4) Defendant Jeremy Bean resides at 22010 Cold Creek Rd, Indian Springs N.V. 89070
(full name of first defendant) (address if first defendant)
and is employed as H.D.S.P. Assistant Warden. This defendant is sued in his/her
(defendant's position and title, if any)
☒ individual ☒ official capacity. (Check one or both). Explain how this defendant was
acting

under color of law: Nevada Department of Corrections

5) Defendant Jennifer Nash resides at 22010 Cold Creek Rd, Indian Springs N.V. 89070
(full name of first defendant) (address if first defendant)
and is employed as H.D.S.P. Assistant Warden. This defendant is sued in his/her
(defendant's position and title, if any)
☒ individual ☒ official capacity. (Check one or both). Explain how this defendant was
acting

under color of law: Nevada Department of Corrections

6) Defendant H.O.S.P. Medical Provider resides at _____,
 (full name of first defendant) (address if first defendant)
 and is employed as Medical Providers. This defendant is sued in his/her
 (defendant's position and title, if any)
☒ individual ☒ official capacity. (Check one or both). Explain how this defendant was
 acting
 under color of law: Nevada Department of Corrections

7) Jurisdiction is invoked pursuant to 28 U.S.C. § 1343 (a)(3) and 42 U.S.C. § 1983. If you wish to assert jurisdiction under different or additional statutes, list them below.

B. NATURE OF THE CASE

1) Briefly state the background of your case.

While incarcerated at High Desert State Prison, on three separate occasions, once in December 2017, again in January 2019, and again in 2020, medical Doctors/Staff ordered that Plaintiff be allowed to purchase orthopedic shoes. Yet High Desert State Prison Administration continues to deny and delay plaintiff's treatment ordered by numerous medical providers.

C. CAUSE OF ACTION

COUNT II

The following civil rights has been violated: Eighth Amendment right to Protection against cruel and unusual Punishment, deliberate indifference, and unnecessary and wanton infliction of pain

Supporting Facts: [Include all fact you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be sure you describe exactly what each specific defendant (by name) did to violate your rights].

- 1) At all times referenced herein, there was a policy, practice or custom created and or promoted by Defendant James Dzurenda, carried out by Brian Williams, and implemented by Jeremy Bean and Jennifer Nash. As a result High Desert State Prison administration feels empowered to violate Constitutional rights of Plaintiff and other inmates.
- 2) At all times referenced herein Defendants Dzurenda and Williams had the duty, authority and obligation to properly train employees, and reprimand or terminate those who violate the rights of Inmates at High Desert State Prison.
- 3) Defendants Dzurenda and Williams, failed to properly train employees, because employees were trained under inadequate policies or customs that allow and or require employees to violate Constitutional rights of Plaintiff.
- 4) On December 22, 2017 Plaintiff was seen in urgent clinic by medical provider.
- 5) Medical provider ordered that Plaintiff be allowed to order orthopedic shoes from a state issued catalog. (See Exhibit 1)
- 6) On Information and belief Plaintiff was informed by Jeffery

1 Depenbrock (another inmate) who had been previously allowed to
2 order, and currently was ordering orthopedic shoes. That approval
3 from A.W. Bean was also needed, to purchase shoes from an outside
4 vendor.

5 7) On February 26, 2018 Plaintiff sent a inmate request to the A.W.
6 (see Exhibit 2) to confirm if a mailorder shoe catalog (Eastbay) was an
7 approved vendor for purchasing orthopedic shoes.

8 8) In response on February 28, 2018 an unknown SGT. informed Plaintiff
9 that approval by medical "and" an A.W. was needed, and medical
10 has to purchase.

11 9) On March 4, 2018 Plaintiff sent a inmate request to George the medical
12 scheduler (see Exhibit 3) seeking information on the procedure for
13 purchasing orthopedic shoes.

14 10) In response George stated, per canteen you have to fill out a
15 special order form.

16 11) On information and belief, after being provided with this information
17 Plaintiff spoke with canteen worker Miller personally, while receiving
18 weekly canteen delivery, and asked, is it true that orthopedic shoes are
19 purchased via special order? Miller provided the response of no, they
20 are not.

21 12) On March 25, 2018 Plaintiff sent a inmate request to A.W. Bean (see Exhibit 4)
22 seeking approval to purchase orthopedic shoes through outside vendor.

23 13) In response Plaintiff was informed that Access Securepak was the
24 state issued catalog, and may order from canteen.

25 14) On information and belief Plaintiff sought outside assistance from
26 his mother, some time around March 25-30, 2018 and asked her to
27 contact Access and inquire if they sold orthopedic shoes.

15) Mother informed Plaintiff that Access Securepak did not sell orthopedic shoes, and that such information could be obtained by writing to company and inquiring.

16) On April 2, 2018 Plaintiff sent an Inmate Request to A.W. Bean (See Exhibit 5) seeking approval, stating, "I was informed that I must be approved by an A.W. as well as medical," and asking for his assistance with hardship.

17) Plaintiff was given same response and told in addition, the infirmary must issue if they are perscription.

18) On information and belief after above response Plaintiff's mother contacted A.W. Bean personally, and was told the denile of approval was due to some inmates previously approved, purchasing highly extravagant shoes costing \$200.00-\$300.00, specifcily lebrans, and such shoes being stolen. So to prevent such, approval was no longer being given.

19) On August 13, 2018 Plaintiff sent an inmate request to A.W. Bean (See Exhibit 6) continuing to seek approval, and requesting that a max purchase price of \$110.00-\$120.00, amount of shoes sold via Access Secure pak be stipulated as to prevent overly extravagant shoes being possessed on compound.

20) In response Plaintiff was told shoes can only be purchased through Access Securepak or the Canteen if purchased by Plaintiff.

21) On October 8, 2018 Plaintiff filed an informal grievance (See Exhibit 7), claiming that along with the institution, A.W. Bean has shown Deliberate Indifference to ongoing pain and suffering, by arbitrarily refusing to approve the purchase of orthopedic support shoes, authorized/ordered by medical.

22) None of Plaintiff's grievances were responded to timely, yet all were

1 continuously rejected as improper, in clear error by A.W. Nash (See Exhibit 8-10)
2 23) On January 21, 2019 Plaintiff sent an inmate request to canteen (See
3 Exhibit 11) to inquire if there was a order number for orthopedic support
4 shoes.

5 24) In response Plaintiff was informed that orthopedic shoes must be
6 ordered through medical.

7 25) On or around January 25, 2019 Plaintiff also sent a letter to Access
8 Securepak inquiring if they sold orthopedic shoes.

9 26) On October 9, 2019 Plaintiff received a response from Access Securepak
10 (See Exhibit 12) stating, orthopedic shoes were not sold by them.

11 27) On March 4, 2019 Plaintiff received 3rd rejection to grievance (See Exhibit
12 10) claiming, along with other erroneous claims, that, inmate has chosen not
13 to order from the canteen or Access Securepak.

14 28) So on March 10, 2019 Plaintiff sent another inmate request to canteen
15 (See Exhibit 13), requesting the order number for orthopedic support shoes
16 , so that a order may be placed.

17 29) Plaintiff received the response that orthopedic shoes must be ordered
18 through medical.

19 30) On October 16, 2019 Plaintiff sent an inmate request to A.W. Bean
20 (See Exhibit 14) seeking relief from ongoing pain, and attempting to
21 inform him that neither canteen nor Access Securepak sold orthopedic
22 support shoes.

23 31) In response Plaintiff was told "if these shoes are legitimate
24 orthopedic shoes they must be purchased by medical."

25 32) On November 17, 2019 Plaintiff sent an Inmate Request to medical
26 (See Exhibit 15) asking the proper procedure for having orthopedic
27 support shoes purchased and provided.

33) In response Plaintiff was scheduled for an appointment.

34) On November 18, 2019 Plaintiff sent an inmate request to A.W. Bean (See Exhibit 16) in an attempt to prompt him to compel medical to purchase needed orthopedic support shoes, being that he want allow Plaintiff to purchase them personally.

35) To final inmate request Plaintiff received no response, nor were orthopedic shoes provided.

36) On or around January 12, 2020 Plaintiff was seen by medical for appointment scheduled in November 2019.

37) Medical provider informed Plaintiff that orthopedic shoes were not provided by medical at H.D.S.P.

38) Plaintiff then asked for a medical flat yard restriction, as pain was most severe when walking up the numerous hills around H.D.S.P.

39) Medical provider granted request for restriction to a flat yard, along with lower tier lower bunk restriction, and a third approval for Plaintiff to purchase orthopedic support shoes.

D. CLAIMS FOR RELIEF

1) Defendants had actual knowledge that there were deficiencies in the medical care system, that created a risk of the kind of harm Plaintiff has suffered through, yet their disregard to the excessive risks to Plaintiff's health or safety, clearly displays their deliberate indifference. In violation of Plaintiff's Eighth Amendment right

2) Defendants have interfered, specifically, Bean, Nash, and Williams with medical judgment by implementing rules and policies restricting Plaintiff's medical care on grounds unrelated to Plaintiff's

1 medical needs, and shown deliberate indifference by failing to carry
 2 out responsibilities to make adequate care available or remedy unlawful
 3 conditions that they know about, while maintaining policies that
 4 interfere with adequate medical care. In violation of Plaintiff's
 5 Eighth Amendment Constitutional right to protection against cruel
 6 and unusual punishment, unnecessary infliction of pain, and
 7 deliberate indifference to Plaintiff's serious medical needs.

8 3) Defendant's interference has caused Plaintiff undue pain and suffering
 9 for over a 27 month span, Plaintiff has had to forgo countless meals due
 10 to the chronic feeling of pins and needles, accompanied by severe
 11 tingling numbness in the lower left leg, down through foot. That would
 12 make the walk up to the dining hall unbearable, since August 2017,
 13 and still to this day defendants have failed to respond to Plaintiff's
 14 complaints of pain that has yet to go away.

15 4) Bean and Nash were very much so aware of this ongoing need for
 16 relief of condition, yet continuously failed to act, and acting under the
 17 color of law chose to disregard Plaintiff's injury and need for medical
 18 treatment, and displayed deliberate indifference, causing the unnecessary
 19 and wanton infliction of pain. In a continuous violation of Plaintiff's
 20 Eighth Amendment right to protection against cruel and unusual
 21 punishment.

22 5) Bean was made aware of Plaintiff's need and condition via numerous
 23 inmate request, face to face communication with Plaintiff, and phone
 24 conversations with Plaintiff's mother.

25 6) Nash was aware of Plaintiff's need and condition as she rejected all
 26 of Plaintiff's grievances.

27 7) Both Bean and Nash personally knew about Plaintiff's serious medical
 28

1 need and failed to respond reasonably to it. Instead intentionally
2 denied and delayed Plaintiffs access to treatment by interfering with
3 the treatment that was ordered by medical provider. In violation
4 of Plaintiffs Eighth Amendment Constitutional Rights.

5 8) Plaintiff had a right to medical treatment, Bean and Nash had a
6 duty to see to it that Plaintiff received adequate treatment,
7 given the known risk of impending harm to Plaintiff's health.

8 9) Defendant Prison Medical Providers have a policy of restricting,
9 if not outright denying, care ordered

10 10) The failure of Defendant Prison Medical Providers to take steps
11 to ensure that Plaintiff received the needed treatment, despite
12 its knowledge of Plaintiff's serious medical needs, constituted
13 deliberate indifference to Plaintiff's serious medical needs in
14 violation of Plaintiffs Eighth Amendment Rights.

The following civil rights has been violated: _____

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There is no handwriting or printed text on the page.

1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044 2045 2046 2047 2048 2049 2050 2051 2052 2053 2054 2055 2056 2057 2058 2059 2060 2061 2062 2063 2064 2065 2066 2067 2068 2069 2070 2071 2072 2073 2074 2075 2076 2077 2078 2079 2080 2081 2082 2083 2084 2085 2086 2087 2088 2089 2090 2091 2092 2093 2094 2095 2096 2097 2098 2099 2100 2101 2102 2103 2104 2105 2106 2107 2108 2109 2110 2111 2112 2113 2114 2115 2116 2117 2118 2119 2120 2121 2122 2123 2124 2125 2126 2127 2128 2129 2130 2131 2132 2133 2134 2135 2136 2137 2138 2139 2140 2141 2142 2143 2144 2145 2146 2147 2148 2149 2150 2151 2152 2153 2154 2155 2156 2157 2158 2159 2160 2161 2162 2163 2164 2165 2166 2167 2168 2169 2170 2171 2172 2173 2174 2175 2176 2177 2178 2179 2180 2181 2182 2183 2184 2185 2186 2187 2188 2189 2190 2191 2192 2193 2194 2195 2196 2197 2198 2199 2200 2201 2202 2203 2204 2205 2206 2207 2208 2209 2210 2211 2212 2213 2214 2215 2216 2217 2218 2219 2220 2221 2222 2223 2224 2225 2226 2227 2228 2229 2230 2231 2232 2233 2234 2235 2236 2237 2238 2239 2240 2241 2242 2243 2244 2245 2246 2247 2248 2249 2250 2251 2252 2253 2254 2255 2256 2257 2258 2259 2260 2261 2262 2263 2264 2265 2266 2267 2268 2269 2270 2271 2272 2273 2274 2275 2276 2277 2278 2279 2280 2281 2282 2283 2284 2285 2286 2287 2288 2289 2290 2291 2292 2293 2294 2295 2296 2297 2298 2299 2300 2301 2302 2303 2304 2305 2306 2307 2308 2309 2310 2311 2312 2313 2314 2315 2316 2317 2318 2319 2320 2321 2322 2323 2324 2325 2326 2327 2328 2329 2330 2331 2332 2333 2334 2335 2336 2337 2338 2339 2340 2341 2342 2343 2344 2345 2346 2347 2348 2349 2350 2351 2352 2353 2354 2355 2356 2357 2358 2359 2360 2361 2362 2363 2364 2365 2366 2367 2368 2369 2370 2371 2372 2373 2374 2375 2376 2377 2378 2379 2380 2381 2382 2383 2384 2385 2386 2387 2388 2389 2390 2391 2392 2393 2394 2395 2396 2397 2398 2399 2400 2401 2402 2403 2404 2405 2406 2407 2408 2409 2410 2411 2412 2413 2414 2415 2416 2417 2418 2419 2420 2421 2422 2423 2424 2425 2426 2427 2428 2429 2430 2431 2432 2433 2434 2435 2436 2437 2438 2439 2440 2441 2442 2443 2444 2445 2446 2447 2448 2449 2450 2451 2452 2453 2454 2455 2456 2457 2458 2459 2460 2461 2462 2463 2464 2465 2466 2467 2468 2469 2470 2471 2472 2473 2474 2475 2476 2477 2478 2479 2480 2481 2482 2483 2484 2485 2486 2487 2488 2489 2490 2491 2492 2493 2494 2495 2496 2497 2498 2499 2500 2501 2502 2503 2504 2505 2506 2507 2508 2509 2510 2511 2512 2513 2514 2515 2516 2517 2518 2519 2520 2521 2522 2523 2524 2525 2526 2527 2528 2529 2530 2531 2532 2533 2534 2535 2536 2537 2538 2539 2540 2541 2542 2543 2544 2545 2546 2547 2548 2549 2550 2551 2552 2553 2554 2555 2556 2557 2558 2559 2560 2561 2562 2563 2564 2565 2566 2567 2568 2569 2570 2571 2572 2573 2574 2575 2576 2577 2578 2579 2580 2581 2582 2583 2584 2585 2586 2587 2588 2589 2590 2591 2592 2593 2594 2595 2596 2597 2598 2599 2600 2601 2602 2603 2604 2605 2606 2607 2608 2609 2610 2611 2612 2613 2614 2615 2616 2617 2618 2619 2620 2621 2622 2623 2624 2625 2626 2627 2628 2629 2630 2631 2632 2633 2634 2635 2636 2637 2638 2639 2640 2641 2642 2643 2644 2645 2646 2647 2648 2649 2650 2651 2652 2653 2654 2655 2656 2657 2658 2659 2660 2661 2662 2663 2664 2665 2666 2667 2668 2669 2670 2671 2672 2673 2674 2675 2676 2677 2678 2679 2680 2681 2682 2683 2684 2685 2686 2687 2688 2689 2690 2691 2692 2693 2694 2695 2696 2697 2698 2699 2700 2701 2702 2703 2704 2705 2706 2707 2708 2709 2710 2711 2712 2713 2714 2715 2716 2717 2718 2719 2720 2721 2722 2723 2724 2725 2726 2727 2728 2729 2730 2731 2732 2733 2734 2735 2736 2737 2738 2739 2740 2741 2742 2743 2744 2745 2746 2747 2748 2749 2750 2751 2752 2753 2754 2755 2756 2757 2758 2759 2760 2761 2762 2763 2764 2765 2766 2767 2768 2769 2770 2771 2772 2773 2774 2775 2776 2777 2778 2779 2780 2781 2782 2783 2784 2785 2786 2787 2788 2789 2790 2791 2792 2793 2794 2795 2796 2797 2798 2799 2800 2801 2802 2803 2804 2805 2806 2807 2808 2809 2810 2811 2812 2813 2814 2815 2816

- 5

outline).

- a) Defendants: _____
 - b) Name of court and docket number: _____
 - c) Disposition (for example, was the case dismissed , appealed or is it still pending?):

 - d) Issues raised: _____

 - e) Approximate date it was filed: _____
 - f) Approximate date of disposition: _____
- 2) Have you filed an action in federal court that was **dismissed because it was determined to be frivolous, malicious, or failed to state a claim upon which relief could be granted?**
 ___ Yes ☒ No. If your answer is "Yes", describe each lawsuit. (If you had more than three actions dismissed based on the above reasons, describe the others on an additional page following the below outline.)

Lawsuit #1 dismissed as frivolous, malicious, or failed to state a claim:

- a) Defendants: _____
- b) Name of court and case number: _____
- c) The case was dismissed because it was found to be (check one): ___ frivolous
___ malicious or ___ failed to state a claim upon which relief could be granted.
- d) Issues raised: _____

- e) Approximate date it was filed: _____
- f) Approximate date of disposition: _____

Lawsuit #2 dismissed as frivolous, malicious, or failed to state a claim:

- a) Defendants: _____
- b) Name of court and case number: _____

- c) The case was dismissed because it was found to be (check one): _____ frivolous
 _____ malicious or _____ failed to state a claim upon which relief could be granted.
- d) Issues raised: _____

- e) Approximate date it was filed: _____
- f) Approximate date of disposition: _____

Lawsuit #3 dismissed as frivolous, malicious, or failed to state a claim:

- a) Defendants: _____
- b) Name of court and case number: _____
- c) The case was dismissed because it was found to be (check one): _____ frivolous
 _____ malicious or _____ failed to state a claim upon which relief could be granted.
- d) Issues raised: _____

- e) Approximate date it was filed: _____
- f) Approximate date of disposition: _____

- 3) Have you attempted to resolve the dispute stated in this action by seeking relief from the proper administrative officials, e.g., have you exhausted available administrative grievance procedures? ☒ Yes ☐ No. If your answer is "No", did you not attempt administrative relief because the dispute involved the validity of a: (1) _____ disciplinary hearing; (2) _____ state or federal court decision; (3) _____ state or federal law or regulation; (4) _____ parole board decision; or (5) _____ other _____.

If your answer is "Yes", provide the following information. Grievance Number 2006-30-74842

Date and institution where grievance was filed H.O.S.P., 10-8-18, 12-2-18, 1-21-19.

Response to grievance: All three were rejected, in error, claiming that claims or incidents previously filed, and inmate has received appropriate response and has chosen not to order from the Canteen or a State Issued Catalog (Access Securepak).

E. REQUEST FOR RELIEF

I believe that I am entitled to the following relief:

- 1) Issue a declaratory Judgment stating that: The deliberate indifference of Plaintiff's medical treatment by the Defendants, violated the Plaintiff's rights under the Eighth Amendment to the United States Constitution and constituted cruel and unusual punishment and an unnecessary and wanton infliction of pain.
- 2) Issue an Injunction ordering defendant Dzurenda, Williams or their agents to:

I understand that a false statement or answer to any question in this complaint will subject me to penalties of perjury. **I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA THAT THE FOREGOING IS TRUE AND CORRECT.** See 28 U.S.C. § 1746 and 18 U.S.C. § 1621.

(Name of Person who prepared or helped
prepare this complaint if not Plaintiff)



(Signature of Plaintiff)

3.24.2020

(Date)

(Additional space if needed; identify what is being continued)

Request For Relief
Continued on 8A

- 1) Immediately arrange for Plaintiff to order orthopedic shoes from an outside vendor (Eastbay, Finish Line, Nike, Adidas, New Balance etc.) as to receive treatment ordered by medical.
- 2) Mandate that Plaintiff may continue to order shoes in above stated manner until condition no longer exist, and with order from medical.
- 3) Award Compensatory damages in the following amount:
 - 1) \$61,725.00 jointly and severally against Defendants Williams, Bean, Nash and H.D.S.P. Medical provider. \$75.00 a day for the 823 days of physical harm sustained as a result of lack of treatment.
 - 2) Plaintiff separately and in addition seeks compensatory damages in the following amount \$20,575 jointly and severally against Defendants Williams, Bean, Nash, and H.D.S.P. Medical Provider. \$25.00 a day, for the mental or emotional distress resulting from 823 days of prolonged denial of medical treatment.
- 4) Award Punitive damages in the following amount:
 - 1) \$2,500.00 each against defendants Williams, Bean, Nash, and H.D.S.P. Medical Provider.
- 5) Grant such other relief as it may appear that plaintiff is entitled.



State of Nevada Department of Corrections

INMATE GRIEVANCE REPORT

FILED ENTERED	RECEIVED SERVED ON
COUNSEL/PARTIES OF RECORD	
MAR 30 2020	
CLERK US DISTRICT COURT DISTRICT OF NEVADA	
BY: _____	DEPUTY _____

ISSUE ID# 20063057881

ISSUE DATE: 12/01/2017

INMATE NAME	NDOC ID	TRANSACTION TYPE	ASSIGNED TO
REED, LEE	1105428	RTRN_INF	JCABRERA

LEVEL	TRANSACTION DATE	DAYS LEFT	FINDING	USER ID	STATUS
IF	12/26/2017	4	Denied	MTROTTER	A

INMATE COMPLAINT

OFFICIAL RESPONSE

Inmate LEE REED, I am in receipt of your grievance 2006-30-57881 as it relates to your request to see medical due to numbness and tingling to your left leg. Per AR 617.01, your request to see medical will be "conducted on a first come, first serve basis"; and therefore, you were never denied medical treatment. According to your medical file, you were seen in Urgent Clinic on December 22, 2017. Per DOC 2518 and DOC 2519, the provider saw you and ordered for you to be allowed to order orthopedic shoes from a state-issued catalog.

GRIEVANCE: Denied

GRIEVANCE RESPONDER

Report Name: NVRIGR

Reference Name: NOTIS-RPT-OR-0217.4

Run Date: DEC-26-17 03:30 PM

Page 3 of 4

INMATE REQUEST FORM

1.) INMATE NAME <u>Lee Reed</u>	DOC # <u>1105428</u>	2.) HOUSING UNIT <u>7A-9</u>	3.) DATE <u>2.26.18</u>
------------------------------------	-------------------------	---------------------------------	----------------------------

4.) REQUEST FORM TO: (CHECK BOX)

<input type="checkbox"/> CASEWORKER	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> LAW LIBRARY	<input type="checkbox"/> DENTAL
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input checked="" type="checkbox"/> OTHER <u>A.W.</u>	

5.) NAME OF INDIVIDUAL TO CONTACT: _____

6.) REQUEST: (PRINT BELOW) I respectfully send this request, seeking
confirmation that the Eastbay catalog is a approved
vendor for purchasing orthopedic support shoes.

7.) INMATE SIGNATURE [Signature] DOC # 1105428

8.) RECEIVING STAFF SIGNATURE _____ DATE _____

9.) RESPONSE TO INMATE

TO GET SHOES FOR
MEDICAL PURPOSES YOU
HAVE TO HAVE APPROVAL
BY MEDICAL AND AN
AW AND MEDICAL HAS
TO PURCHASE

10.) RESPONDING STAFF SIGNATURE [Signature] DATE FEB 28 2018

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Lee Reed	1105428	7A-9	3-4-18

4.) REQUEST FORM TO: (CHECK BOX)

☐ CASEWORKER ☒ MEDICAL ☐ MENTAL HEALTH ☐ CANTEEN
☐ EDUCATION ☐ VISITING ☐ LAW LIBRARY ☐ DENTAL
☐ LAUNDRY ☐ PROPERTY ROOM ☐ SHIFT COMMAND
☐ OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: George

6.) REQUEST: (PRINT BELOW) I respectfully send this request regarding two things. First being, I received a grievance response, stating, "per Doc 2518 and Doc 2519, the provider saw you and ordered for you to be allowed to order orthopedic shoes from a state issued catalog. Is this true? And Second if so what is the process for ordering shoes, is it through the Eastbay catalog? I would appreciate your assistance in helping me understand the procedure. Thank You very much and God Bless.

7.) INMATE SIGNATURE [Signature] DOC # 1105428

8.) RECEIVING STAFF SIGNATURE [Signature] DATE 3/4/18

9.) RESPONSE TO INMATE

3/8/18 The order on 12/22/17 says "May have/order orthopedic shoes from state catalogue" Per Center, you have to fill out a special order form provided by the officers in the unit
[Signature]

10.) RESPONDING STAFF SIGNATURE _____ DATE _____

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
<u>Lee Reed</u>	<u>1105428</u>	<u>7B-12</u>	<u>3-25-18</u>

4.) REQUEST FORM TO: (CHECK BOX) MENTAL HEALTH CANTEEN
CASEWORKER MEDICAL LAW LIBRARY DENTAL
EDUCATION VISITING SHIFT COMMAND
LAUNDRY PROPERTY ROOM ☒ OTHER AW

5.) NAME OF INDIVIDUAL TO CONTACT: A.W. Bean

6.) REQUEST: (PRINT BELOW) I respectfully send this request, regarding approval to purchase orthopedic shoes, through outside vendor. I've attached my grievance response, which states the medical provider order I be allowe to order orthopedic shoes. (Grievance #20063057881 Attached please return for records). Thank you for your time and assistance.

7.) INMATE SIGNATURE [Signature] DOC # 1105428
8.) RECEIVING STAFF SIGNATURE [Signature] DATE 3-25-18

9.) RESPONSE TO INMATE

state issue catalog means Access secure pak. you may order from canteen.

10.) RESPONDING STAFF SIGNATURE [Signature] DATE 4/5/18

EXHIBIT 5

INMATE REQUEST FORM

1.) INMATE NAME <u>Lee Reed</u>	DOC # <u>1105428</u>	2.) HOUSING UNIT <u>7B 12</u>	3.) DATE <u>4.2.18</u>
------------------------------------	-------------------------	----------------------------------	---------------------------

4.) REQUEST FORM TO: (CHECK BOX)

☐ CASEWORKER ☐ MEDICAL ☐ MENTAL HEALTH ☐ CANTEEN
☐ EDUCATION ☐ VISITING ☐ LAW LIBRARY ☐ DENTAL
☐ LAUNDRY ☐ PROPERTY ROOM ☒ OTHER AW

5.) NAME OF INDIVIDUAL TO CONTACT: A.W. Bean

6.) REQUEST: (PRINT BELOW) I respectfully send this request for the second time, seeking approval to purchase orthopedic support shoes. I have been approved by medical and was informed that I must be approved by an A.W. as well. Once again please assist me with this hardship. Your time is highly valued.

7.) INMATE SIGNATURE [Signature] DOC # 1105428

8.) RECEIVING STAFF SIGNATURE [Signature] DATE 4/2/18

9.) RESPONSE TO INMATE

All shoes ordered must be from Access secure Pak or canteen. If they are prescription, the infirmary must issue.

10.) RESPONDING STAFF SIGNATURE [Signature]

DATE 4/5/18

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Lee Reed	1105428	7B-12	8.13.18

- 4.) REQUEST FORM TO: (CHECK BOX)
- ☐ CASEWORKER ☐ MEDICAL ☐ MENTAL HEALTH ☐ CANTEEN
☐ EDUCATION ☐ VISITING ☐ LAW LIBRARY ☐ DENTAL
☐ LAUNDRY ☐ PROPERTY ROOM ☒ OTHER A.W.

5.) NAME OF INDIVIDUAL TO CONTACT: A.W. Bean

6.) REQUEST: (PRINT BELOW) I respectfully send this request, in regards to approval to purchase orthopedic support shoes. I spoke to you months ago in the card room, and you informed me that you were talking with medical about them providing them for me, and said you'd have a answer in about a week. Nothing has changed in my discomfort in my leg and foot, and I simply seek to be approved to, at my own cost, purchase my own shoes that medical has approved. If style and price is the issue, place a max purchase price of \$120.00 or \$110.00 amount of shoes sold via package.

7.) INMATE SIGNATURE [Signature] DOC # 1105428

8.) RECEIVING STAFF SIGNATURE _____ DATE _____

9.) RESPONSE TO INMATE

If any shoes purchased by you can only be purchased through Pecos secure pack or the canteen.

10.) RESPONDING STAFF SIGNATURE [Signature] DATE 8/20/18

Exhibit 6

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Lee Reed	1105428	7B-12	8.13.18

4.) REQUEST FORM TO: (CHECK BOX)

☐ CASEWORKER ☐ MEDICAL ☐ MENTAL HEALTH ☐ CANTEEN
☐ EDUCATION ☐ VISITING ☐ LAW LIBRARY ☐ DENTAL
☐ LAUNDRY ☐ PROPERTY ROOM ☒ OTHER A.W.

5.) NAME OF INDIVIDUAL TO CONTACT: A.W. Bean

6.) REQUEST: (PRINT BELOW) I respectfully send this request, in regards to approval to purchase orthopedic support shoes. I spoke to you months ago in the card room, and you informed me that you were talking with medical about them providing them for me, and said you'd have a answer in about a week. Nothing has changed in my discomfort in my leg and foot, and I simply seek to be to, at my own cost, purchase my own shoes that medical has. If style and price is the issue, place a max purchase price of \$110.00 amount of shoes sold via package.

7.) INMATE SIGNATURE [Signature] DOC # 1105428

8.) RECEIVING STAFF SIGNATURE _____ DATE _____

9.) RESPONSE TO INMATE

If any shoes purchased by you can only through Pwess secure pack or the canteen.

10.) RESPONDING STAFF SIGNATURE [Signature]

Log Number 2006-30-74842NEVADA DEPARTMENT OF CORRECTIONS
INFORMAL GRIEVANCENAME: Lee Reed I.D. NUMBER: 1105428INSTITUTION: High Desert State Prison UNIT: 7B-12

GRIEVANT'S STATEMENT: Along with this institution, A.W. Bean has shown deliberate indifference to my pain and suffering. By arbitrarily refusing to allow me to purchase shoes that provide me orthopedic support, which medical has authorized/ordered I'd be approved to do. (see Exhibit A) A.W. Bean has chosen to continuously deny (see Exhibit B, B2) (Pg 1 of 2)

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: [Signature] DATE: 10.8.18 TIME: 8:00 PMGRIEVANCE COORDINATOR SIGNATURE: [Signature] DATE: 11/2/18 TIME: 1:00 PMGRIEVANCE RESPONSE: DOC 3098 - DuplicateCASEWORKER SIGNATURE: [Signature]DATE: 12/11/18☐ GRIEVANCE UPHELD ☐ GRIEVANCE DENIED ☐ ISSUE NOT GRIEVABLE PER AR 740GRIEVANCE COORDINATOR APPROVAL: [Signature]DATE: 12-9-18☐ INMATE AGREES☒ INMATE DISAGREESINMATE SIGNATURE: [Signature]DATE: 12.11.18

FAILURE TO SIGN CONSTITUTES ABANDONMENT OF THE CLAIM. A FIRST LEVEL GRIEVANCE MAY BE PURSUED IN THE EVENT THE INMATE DISAGREES.

Original: To inmate when complete, or attached to formal grievance
 Canary: To Grievance Coordinator
 Pink: Inmate's receipt when formal grievance filed
 Gold: Inmate's initial receipt

RECEIVED

NOV 02 2018

HDSP

DOC 3091 (12/01)

NEVADA DEPARTMENT OF CORRECTIONS GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: Lee Reed I.D. NUMBER: 1105428

INSTITUTION: High Desert State Prison UNIT #: 7B-12

GRIEVANCE #: _____ GRIEVANCE LEVEL: Informal

GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 2

approval, even through records will show others have and are
approved. So rather or not I'm approved, Bean and this institution
(due to denying medical authorization to purchase orthopedic shoes)
believes its better that I recieve no treatment at all for my
gunshot wound, that is causing me Chronic periodic pain. For I've
gone a year now since I've brought my condition to medical's
attention. Yet to this day nothing has changed in my condition,
due to nothing being done to change it. (Remedy Sought): To
be allowed to purchase support shoes ^{from either} ~~through~~ Eastbay, Finishline,
or Footlocker catalogs at my own expense, and receive them through
the medical division of NDOC. To be transfered to a flat ground
yard (I am already pending transfer to Warm Springs) and to receive
a lower bunk / tier restriction. All of which should cure my
pain and suffering.

Original: Attached to Grievance
Pink: Inmate's Copy

RECEIVED

NOV 02 2018

DOC - 30970102 HDSP

Exhibit A



State of Nevada Department of Corrections

INMATE GRIEVANCE REPORT

ISSUE ID# 20063057881

ISSUE DATE: 12/01/2017

INMATE NAME	NDOC ID	TRANSACTION TYPE	ASSIGNED TO
REED, LEE	1105428	RTRN_INF	JCABRERA

LEVEL	TRANSACTION DATE	DAYS LEFT	FINDING	USER ID	STATUS
IF	12/26/2017	4	Denied	MTROTTER	A

INMATE COMPLAINT

OFFICIAL RESPONSE

Inmate LEE REED, I am in receipt of your grievance 2006-30-57881 as it relates to your request to see medical due to numbness and tingling to your left leg. Per AR 617.01, your request to see medical will be "conducted on a first come, first serve basis"; and therefore, you were never denied medical treatment. According to your medical file, you were seen in Urgent Clinic on December 22, 2017. Per DOC 2518 and DOC 2519, the provider saw you and ordered for you to be allowed to order orthopedic shoes from a state-issued catalog.

GRIEVANCE: Denied


GRIEVANCE RESPONDER

Report Name: NVRIGR

Reference Name: NOTIS-RPT-OR-0217.4

Run Date: DEC-26-17 03:30 PM

Page 3 of 4

RECEIVED

NOV 02 2018

HDSP

Exhibit 7
B1INMATE REQUEST FORM

INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Lee Reed	1105428	7B-12	3-25-18

- 4.) REQUEST FORM TO: (CHECK BOX)
- ☐ CASEWORKER ☐ MEDICAL ☐ LAW LIBRARY ☐ DENTAL
☐ EDUCATION ☐ VISITING ☐ SHIFT COMMAND
☐ LAUNDRY ☐ PROPERTY ROOM ☒ OTHER AW

5.) NAME OF INDIVIDUAL TO CONTACT: A.W. Bean

6.) REQUEST: (PRINT BELOW) I respectfully send this request, regarding approval to purchase orthopedic shoes, through outside vendor. I've attached my grievance response, which states the medical provider order I be allowe to order orthopedic shoes. (Grievance #20063057881 Attached please return for records). Thank you for your time and assistance.

7.) INMATE SIGNATURE [Signature] DOC # 1105428

8.) RECEIVING STAFF SIGNATURE C/O DATE 3-25-18

9.) RESPONSE TO INMATE

state issue catalog means Access secure park. you may order from canteen.

10.) RESPONDING STAFF SIGNATURE [Signature] DATE 4/2/18

RECEIVED

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Lee Reed	1105428	7B-12	8.13.18

4.) REQUEST FORM TO: (CHECK BOX)

☐ CASEWORKER ☐ MEDICAL ☐ MENTAL HEALTH ☐ CANTEEN
☐ EDUCATION ☐ VISITING ☐ LAW LIBRARY ☐ DENTAL
☐ LAUNDRY ☐ PROPERTY ROOM ☒ OTHER A.W.

5.) NAME OF INDIVIDUAL TO CONTACT: A.W. Bean

6.) REQUEST: (PRINT BELOW) I respectfully send this request, in regards to approval to purchase orthopedic support shoes. I spoke to you months ago in the card room, and you informed me that you were talking with medical about them providing them for me, and said you'd have a answer in about a week. Nothing has changed in my discomfort in my leg and foot, and I simply seek to be approved to, at my own cost, purchase my own shoes that medical has approved. If style and price is the issue, place a max purchase price of \$120.00 of 110.00 amount of shoes sold via package.

7.) INMATE SIGNATURE [Signature] DOC # 1105428

8.) RECEIVING STAFF SIGNATURE _____ DATE _____

9.) RESPONSE TO INMATE

If any shoes purchased by you can only be purchased through Access secure pack or the canteen.

10.) RESPONDING STAFF SIGNATURE [Signature] DATE 8/20/18

RECEIVED

NOV 02 2018



Nevada Department of Corrections

Improper Grievance Memo – High Desert State Prison

Brian Sandoval
Governor

James Dzurenda
Director

Brian E. Williams, Sr.
Warden, HDSP

TO: Reed, Lee 1105428 7B/12B
FROM: J. Nash, AW
DATE: 11/30/2018
RE: Improper Grievance #2006-30-74842 1st Reject First Level Grievance

The attached grievance is being returned to you for the following reason(s):

This grievance may NOT proceed to the next level Per AR 740 due to the following:

- ☐ Non-grievable issue.
 - ☐ State and federal court decision.
 - ☐ State, federal and local laws and regulations.
 - ☐ Parole Board decision.
 - ☐ Lacks Standing
- ☐ Grievance is not dated. Per AR 740.03 number 6B, an inmate's election **not to sign and date** this form at any level shall constitute abandonment of the claim.
- ☐ Untimely submission.
- ☒ **Abuse of Inmate Grievance Procedure.**
 - ☐ Any language, writing or illustration deemed to be obscene, profane or derogatory.
 - ☐ A threat of serious bodily injury to a specific individual.
 - ☒ **Specific claims or incidents previously filed by the same inmate. This is a duplicate of grievance number 2006-30-57881. Inmate received an appropriate response and has chosen not to order from the Canteen or a State Issued Catalog (Access Secure Pak).**
 - ☐ More than one (1) grievance per week, Monday through Sunday.
 - ☐ More than two (2) unfounded, frivolous or vexatious grievances per month.

After correcting the deficiencies listed below, you may re-submit your grievance.

- ☐ The grievance contains more than one (1) appropriate issue. Per AR 740.09 number 2F, it is considered abuse of the inmate grievance procedure when an inmate files a grievance that contains **more than one (1) appropriate issue** per grievance.
- ☐ No factual harm/loss noted **and/or** no remedy requested. Per AR 740.03 number 1a, If the inmate does not factually demonstrate a **loss or harm** and does not state the action or **remedy** that will satisfy the claim in the grievance, the grievance will be "DISMISSED" and returned to the inmate.
- ☐ Other:

Failure to re-submit the grievance through the prescribed timeframe shall constitute abandonment.

Witness Signature _____ Date _____
cc: Original – Inmate Copy - Grievance File

Inmate Signature _____ Date _____



Nevada Department of Corrections

Improper Grievance Memo

Steve Sisolak
Governor

James Dzurenda
Director

Brian E. Williams, Sr.
Warden, HDSP

TO: Reed, Lee #1105428 HDSP: U7-B12

FROM: J. Nash, AW

DATE: 2/19/2019

RE: Improper Grievance #2006-30-74842 First Level Grievance 1st Rejection

The attached grievance is being returned to you for the following reason(s):

This grievance may NOT proceed to the next level Per AR 740.03,5 due to the following:

- ☐ Non-grievable issue.
 - ☐ State and federal court decision.
 - ☐ State, federal and local laws and regulations.
 - ☐ Parole Board decision.
 - ☐ Lacks standing.
- ☐ Untimely submission.
- ☐ Abuse of Inmate Grievance Procedure.
 - ☐ Any language, writing or illustration deemed to be obscene, profane or derogatory.
 - ☐ A threat of serious bodily injury to a specific individual.
 - ☐ Specific claims or incidents previously filed by the same inmate.
 - ☐ More than one (1) grievance per week, Monday through Sunday.
 - ☐ More than two (2) unfounded, frivolous or vexatious grievances per month.
 - ☐ Alteration of the grievance form or continuation forms. This includes writing more than one line, on each line provided on the grievance form, and writing along the sides, tops and bottoms.

After correcting the deficiencies(s) listed below; you may re-submit your grievance.

- ☐ The grievance contains more than one (1) appropriate issue.
- ☐ No factual harm/loss noted and/or no remedy requested.
- ☒ Other; specify: The Informal submissions and responses were not included with the First Level submission. Per AR 740 please attach informal grievances and responses and resubmit at the first level.

Failure to re-submit the grievance through the prescribed timeframe shall constitute abandonment.

Witness Signature

Date

cc: Original – Inmate Copy - Grievance File

Inmate Signature

Date



Nevada Department of Corrections Improper Grievance Memo

Steve Sisolak
Governor

James Dzurenda
Director

Brian E. Williams, Sr.
Warden, HDSP

TO: Reed, Lee #1105428 HDSP 7B12B
FROM: J. Nash, AW
DATE: 2/21/2019

RE: Improper Grievance #2006-30-74842 Informal Level Grievance 3rd Rejection

The attached grievance is being returned to you for the following reason(s):

This grievance may NOT proceed to the next level Per AR 740.03,5 due to the following:

- ☐ Non-grievable issue.
 - ☐ State and federal court decision.
 - ☐ State, federal and local laws and regulations.
 - ☐ Parole Board decision.
 - ☐ Lacks standing.
- ☐ Untimely submission.
- ☒ Abuse of Inmate Grievance Procedure.
 - ☐ Any language, writing or illustration deemed to be obscene, profane or derogatory.
 - ☐ A threat of serious bodily injury to a specific individual.
 - ☒ Specific claims or incidents previously filed by the same inmate. This is a duplicate of grievance number 2006-30-57881. Inmate received an appropriate response and has chosen not to order from the Canteen or a State Issued Catalog (Access Secure Pak).
 - ☐ More than one (1) grievance per week, Monday through Sunday.
 - ☐ More than two (2) unfounded, frivolous or vexatious grievances per month.
 - ☐ Alteration of the grievance form or continuation forms. This includes writing more than one line, on each line provided on the grievance form, and writing along the sides, tops and bottoms.

After correcting the deficiencies(s) listed below; you may re-submit your grievance.

- ☐ The grievance contains more than one (1) appropriate issue.
- ☐ No factual harm/loss noted and/or no remedy requested.
- ☐ Other; specify:

Failure to re-submit the grievance through the prescribed timeframe shall constitute abandonment.

Witness Signature

Date

Inmate Signature

Date

cc: Original – Inmate Copy - Grievance File

LOG NUMBER: 2006-30-74842

**NEVADA DEPARTMENT OF CORRECTIONS
SECOND LEVEL GRIEVANCE**

NAME: Lee Reed I.D. NUMBER: 1105428

INSTITUTION: High Desert State Prison UNIT: 7B-12

I REQUEST THE REVIEW OF THE GRIEVANCE, LOG NUMBER 2006-30-74842, ON THE SECOND LEVEL. THE ORIGINAL COPY OF MY GRIEVANCE AND ALL SUPPORTING DOCUMENTATION IS ATTACHED FOR REVIEW.

SWORN DECLARATION UNDER PENALTY OF PERJURY

INMATE SIGNATURE: [Signature] DATE: 1.21.19

WHY DISAGREE: My first level grievance is 50 days submitted with no response. So I am continuing my process at the second level. Along with this institution, A.W. Bean has shown deliberate indifference to my pain and suffering, by arbitrarily refusing to allow me to purchase shoes that provide me orthopedic support, which medical has

GRIEVANCE COORDINATOR SIGNATURE: [Signature] DATE: 1/24/19

SECOND LEVEL RESPONSE: DOC 3098

 GRIEVANCE UPHELD GRIEVANCE DENIED ISSUE NOT GRIEVABLE PER AR 740

SIGNATURE: TITLE: DATE:

GRIEVANCE COORDINATOR SIGNATURE: [Signature] DATE: 2-21-19

INMATE SIGNATURE: [Signature] DATE: 3.4.19

THIS ENDS THE FORMAL GRIEVANCE PROCESS

Original:	To inmate when complete, or attached to formal grievance
Canary:	To Grievance Coordinator
Pink:	Inmate's receipt when formal grievance filed
Gold:	Inmate's initial receipt

NEVADA DEPARTMENT OF CORRECTIONS GRIEVANT'S STATEMENT CONTINUATION FORM

NAME: Lee Reed I.D. NUMBER: 1105428
 INSTITUTION: High Desert State Prison UNIT #: 7B-12
 GRIEVANCE #: 2006-30-74842 GRIEVANCE LEVEL: Second level

GRIEVANT'S STATEMENT CONTINUATION: PG. 2 OF 2

authorized/ordered I'd be approved to do. (see Exhibit A) A.W. Bean has chosen to continuously deny (see Exhibit B1-B2) my approval, even though records will show others have and are approved. So rather or not I'm approved, Bean and this institution (due to denying medical authorization to purchase orthopedic shoes) believes it's better that I receive no treatment at all for my gunshot wound, that is causing me chronic periodic pain. For I've gone a year now since I've brought my condition to medical's attention. Yet to this day nothing has changed in my condition, due to nothing being done to change it. (Remedy Sought): To be allowed to purchase support shoes from either Eastbay, Finishline, or Footlocker catalogs at my own expense, and receive them through the medical division of N.D.O.C., to receive a lower bunk/Tier restriction. All of which should cure my pain and suffering.

Original: Attached to Grievance
 Pink: Inmate's Copy

INMATE REQUEST FORM

1.) INMATE NAME <u>Lee Reed</u>	DOC # <u>1105428</u>	2.) HOUSING UNIT <u>713-12</u>	3.) DATE <u>1-21-19</u>
------------------------------------	-------------------------	-----------------------------------	----------------------------

4.) REQUEST FORM TO: (CHECK BOX)

<input type="checkbox"/> CASEWORKER	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> MENTAL HEALTH	<input checked="" type="checkbox"/> CANTEEN
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> LAW LIBRARY	<input type="checkbox"/> DENTAL
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input type="checkbox"/> SHIFT COMMAND	<input type="checkbox"/> OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: _____

6.) REQUEST: (PRINT BELOW) I respectfully request the order number for orthopedic support shoes. So I may place a order.

7.) INMATE SIGNATURE [Signature] DOC # 1105428

8.) RECEIVING STAFF SIGNATURE [Signature] DATE 1-21-19

9.) RESPONSE TO INMATE

Orthopedic shoes must be ordered through medical

10.) RESPONDING STAFF SIGNATURE [Signature] DATE 1-23-19

Exhibit 12



Dear Customer:

Thank you for your continued business with Access Securepak. Unfortunately we are unable to process your order due to the following reason(s):

- ☐ No size indicated
- ☐ Item(s) Restricted
- ☐ Credit Card Declined or the Credit Card Number is invalid
- ☐ No payment received with the order
- ☐ Need approval form (Original or Copy)
- ☐ No order or inmate information received with the payment (Please resubmit with the information)
- ☐ Insufficient funds received (Please resubmit with an additional \$ _____)
- ☐ No housing information or PO Box listed (Please resubmit with the information)
- ☐ Inmate not eligible for a package at this time (Please contact facility for information)
- ☐ Order postmarked or received after the program ended
- ☐ Order limit has been met for the quarter/program
- ☐ We do not accept personal checks as a form of payment
- ☐ Catalog unavailable at this time. Re-submit request after _____, or contact your prison's business office for further assistance.

Other: *I'm sorry but we don't sell orthopedic shoes. I can send you order forms if you like to see what we offer. Please enjoy your day!*

If you have any additional questions, please contact us at 1-800-546-6283.

Exhibit 13

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Lee Reed	1105428	7B 12	3-10-19

- 4.) REQUEST FORM TO: (CHECK BOX)
- ☐ CASEWORKER ☐ MEDICAL ☐ MENTAL HEALTH ☒ CANTEEN
☐ EDUCATION ☐ VISITING ☐ LAW LIBRARY ☐ DENTAL
☐ LAUNDRY ☐ PROPERTY ROOM ☐ SHIFT COMMAND ☐ OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: _____

6.) REQUEST: (PRINT BELOW) I respectfully request the order number
for orthopedic support shoes. So I may place a order

7.) INMATE SIGNATURE [Signature] DOC # 1105428

8.) RECEIVING STAFF SIGNATURE C/O KWA DATE 3/10/19

9.) RESPONSE TO INMATE

orthopedic shoes must be ordered through medical

10.) RESPONDING STAFF SIGNATURE [Signature] DATE 3-12-19

Exhibit 14

HIGH DESERT STATE PRISON

OCT 16 2019

INMATE REQUEST FORM

UNIT 7 A/B

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Lee Reed	1105428	7A 9	10-16-19

4.) REQUEST FORM TO: (CHECK BOX)

<input type="checkbox"/> CASEWORKER	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> LAW LIBRARY	<input type="checkbox"/> DENTAL
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input checked="" type="checkbox"/> OTHER	A.W.

5.) NAME OF INDIVIDUAL TO CONTACT: A.W. Bean

6.) REQUEST: (PRINT BELOW) I respectfully send this request, in a continued attempt to gain your approval to purchase Orthopedic support shoes. You've given me the same response, yet neither canteen nor Access Secure Pak sell orthopedic support shoes. Yet and still I simply seek your approval so that I may purchase orthopedics through medical. Once again Medical has already given me multiple approvals, so that I may find some form of relief from my on going pain.

7.) INMATE SIGNATURE [Signature] DOC # 1105428

8.) RECEIVING STAFF SIGNATURE SC/O Hams DATE 10-06-2019

9.) RESPONSE TO INMATE

If these shoes are legitimate orthopedic shoes they must be purchased by medical.

10.) RESPONDING STAFF SIGNATURE [Signature] DATE 10/31/19

Exhibit 15

INMATE REQUEST FORM

1.) INMATE NAME	DOC #	2.) HOUSING UNIT	3.) DATE
Lee Reed	1105428	7A-9	11-17-19

- 4.) REQUEST FORM TO: (CHECK BOX)
- ___ CASEWORKER ☒ MEDICAL ___ MENTAL HEALTH ___ CANTEEN
- ___ EDUCATION ___ VISITING ___ LAW LIBRARY ___ DENTAL
- ___ LAUNDRY ___ PROPERTY ROOM ___ SHIFT COMMAND
- ___ OTHER _____

5.) NAME OF INDIVIDUAL TO CONTACT: _____

6.) REQUEST: (PRINT BELOW) Who do I contact about having orthopedic support shoes purchased for me. I've been approved by medical on two occasions to purchase them myself, yet I have been informed that medical must purchase them for me. Please give me needed orthopedics, as I've been suffering for to long, pain has been existing since 2017. I am well in need of relief to be provided - Orthopedic shoes are provided by medical right? If not what is the proper procedure.

7.) INMATE SIGNATURE [Signature] DOC # 1105428

8.) RECEIVING STAFF SIGNATURE [Signature] DATE 11-18-19

9.) RESPONSE TO INMATE

You are scheduled and will be notified
the day of your appointment.

,RN

NOV 19 REC'D

10.) RESPONDING STAFF SIGNATURE _____ DATE _____

INMATE REQUEST FORM

1.) INMATE NAME <u>Lee Reed</u>	DOC # <u>1105428</u>	2.) HOUSING UNIT <u>7A 9</u>	3.) DATE <u>11.18.19</u>
------------------------------------	-------------------------	---------------------------------	-----------------------------

4.) REQUEST FORM TO: (CHECK BOX)

<input type="checkbox"/> CASEWORKER	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> CANTEEN
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> VISITING	<input type="checkbox"/> LAW LIBRARY	<input type="checkbox"/> DENTAL
<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROPERTY ROOM	<input checked="" type="checkbox"/> OTHER <u>A.W.</u>	

5.) NAME OF INDIVIDUAL TO CONTACT: A.W. Bean

6.) REQUEST: (PRINT BELOW) I P my orthopedic support shoes, which are legitimate (as medical has already approved me to have them) must be purchased by medical, why is that you have not compelled them to purchase them, when you are well aware that I am in pain and am in need of them? You tell me as if it's something that I can make them do. If you are not going to allow me to purchase them myself, do your job as the A.W. and make them do theirs and provide to my shoes. It's been two years of pain and suffering.

7.) INMATE SIGNATURE L. & R. @ DOC # 1105428

8.) RECEIVING STAFF SIGNATURE [Signature] DATE 11/15/19

9.) RESPONSE TO INMATE

10.) RESPONDING STAFF SIGNATURE _____ DATE _____